

NEACHE EAGLES VOLLEYBALL REGISTRATION

NAME: _____ **D.O.B.:** _____ **AGE:** _____

PARENTS: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PREFERRED CONTACT PHONE NUMBER(S): _____

INSURANCE COMPANY: _____

POLICY HOLDER: _____

POLICY NUMBER: _____ **GROUP NUMBER:** _____

PHYSICIAN: _____ **PHONE NUMBER:** _____

KNOWN MEDICAL CONDITIONS: _____

DRUG ALLERGIES: _____

MEDICATIONS: _____

ANY INFORMATION YOU FEEL WOULD HELP US BEST TREAT PLAYER IN THE EVENT OF AN INJURY OR ILLNESS IN YOUR ABSENCE: _____

EMERGENCY CONTACT (other than parents): _____

PHONE: _____ **RELATION TO PLAYER:** _____

DO WE HAVE YOUR PERMISSION TO PHOTOGRAPH YOUR PLAYER AND PUBLISH ATHLETICS-RELATED PHOTOS TO LOCAL MEDIA AND THE CHE WEBSITE?

Yes or No (circle one)

PARENTAL PERMISSION & WAIVER STATEMENT

We, _____, as parent(s)/guardian(s) of _____ give our permission for _____ to participate in practices, games, and other related activities sponsored by NEACHE Volleyball. This includes travel to and from such activities. We know of no reason, medical or otherwise, that could or should prevent our student from participating. Although not required, we understand that NEACHE strongly recommends consulting a physician prior to participation in competitive sports.

We further give our consent for a selected NEACHE representative to obtain any medical care deemed necessary for _____ in the event of our absence. This includes, but is not limited to, consulting a physician, calling for emergency care, administering first aid, and transporting to a medical facility. We acknowledge that NEACHE athletics does not carry team or individual insurance and we agree to be financially responsible for all costs associated with medical assistance or treatment deemed necessary.

We hereby waive any legal claim against NEACHE and NEACHE Athletics, its staff and volunteers, and any secured facility from any accident, injury, or illness to the player listed above while participating in any related activity, including travel.

By our signatures below, we confirm that we have read, understand, and agree to this permission/waiver statement.

PARENT(S)/GUARDIAN(S) PRINTED NAME(S):

PARENT(S)/GUARDIAN(S) SIGNATURE:

NEACHE Athletic programs cannot exist without volunteers. Family participation is required in order for your student to be placed on a team. In what area would you like to serve? (Please select at least 2)

line judging

concessions

clock/scoreboard keeping

game set up

stat keeping

game clean up

uniform management

admissions